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ARIZONA STAT	TE BOARD OF HEALTH State File No
	OF VITAL STATISTICS Registered No. 2/4
1. PLACE OF BIRTH STANDARD	CERTIFICATE OF BIRTH . REGISTER NO.
County Lile	State Ohuz
District or Township	or Village.
Oxi De	
City No. (If bi	St. Ward irth-occurred in a hospital or institution, give its NAME instead of street and number)
N. Al. We	I a 1 I A i make of II child is not yet named, make
2. Full name of child	supplemental report, as directed.
3. Sex of Child To be answered ONLY 4. 'kd-in, triplet or	r other 6. Legitimate? 7. Date 16, 1929.
births. 5. No., in order of	f birth of birth Day Year
8. A FATHER	MOTHER O
Full name Di Ala, agla Bring	Pull maiden name L. la Paltona
wholey waron & mil	onia, onia,
9. Residence (Usual place of abode)	15. Residence (Usual place of abode)
1 × ·	If non-resident, give place and state.
If non-resident, give place and state.	
10. Color or race	16. Color or face
11, Age at last birthday	(Years) 17. Age at last birthday (Years)
6.0	Princet
12. Birthplace (city or place)	18. Birthplace (city or place)
(State or country)	(State or country)
12 December Q Da A L C '	19. Occupation
13. Occupation	Nature of industry Hausewell
Nature of industry	Mature of incusary
20. Number of children of this mother	1 21. Were precautions taken scalnst oph-
	alive and now living 21. Were precudings taken against opn-
(Taken as of time of birth of child herein certified and including this child.) (b) Born (c) Stillb	
CERTIFICATE OF ATTE	ENDING PHYSICIAN OR MIDWIFE 5 2000
I hereby certify that I attended the birth of this child, who was	(Born alive or stillborn.)
* When there was no attending physician	To Have
or midwife, then the father, householder, etc., should make this return. A stillborn	n de la companya del companya de la companya del companya de la co
child is one that neither breathes nor shows other evidence of life after birth.	Mughician
Given name added from	(Physician or Midwife).
a supplemental report	Iress Me
Month, day, year	12/2 mg (4211) , Chare but.
Registrar	Registrar
425-1116-37	
	ee. Talanda kan ang ang ang ang ang ang ang ang ang a